



## V. LOUISIANA STATE HEALTH CARE SYSTEM



## A. ANALYSIS OF HEALTH CARE IN LOUISIANA

In *America's Health: United Health Foundation State Health Rankings 2003*<sup>1</sup>, Louisiana ranked 49th—as the second least healthy state in the nation. According to this report, Louisiana is 49<sup>th</sup> for the combined measures of risk factors and 49<sup>th</sup> for the combined measure of outcomes, possibly indicating that the relative health of the population will remain at current levels in the future. The state's greatest deficiencies were in the areas of: Premature Death, ranking 49<sup>th</sup> (10,202 years lost per 100,000 population); Cancer Deaths, ranking 48<sup>th</sup> (224.8 deaths per 100,000 population); Risk for Heart Disease, ranking 47<sup>th</sup> (19 percent above national average); Infant Mortality, ranking 47<sup>th</sup> (9.4 deaths per 1,000 live births); and Lack of Health Insurance, ranking 46<sup>th</sup> (18.4 percent without any health insurance). Racial disparity with regard to health access and outcomes was also listed as one of the state's problems. Examples of this include the differences between proportions of race groups receiving adequate prenatal care, at 67.6 percent and 86.2 percent of black and white women, respectively.

Despite the negative findings, there were also some positive points. Louisiana ranked 20th in the Adequacy of Prenatal Care measure, with 78.4 percent of all pregnant women in the state receiving adequate prenatal care, as defined by the Kessner Index. The state also ranked 32nd in the Prevalence of Smoking measurement. Additionally, the uninsured population decreased from 19.3 percent to 18.4 percent of the population and infectious disease cases decreased from 37.2 to 32.8 per 100,000 population.

Shortages affecting the accessibility and availability of primary-care physicians (family practice, general practice, internal medicine, pediatrics, and obstetrics/gynecology) pose a significant problem in the delivery of healthcare in Louisiana. As of May 2004, National Center for Health Workforce Analysis (NCHWA) within the Bureau of Health Professions of the Health Resources and Services Administration (HRSA/BHPR) recognized 108 primary care shortage areas in 57 parishes within the state: 27 whole parish and 15 partial parish geographic areas, 12 whole parish and 10 partial parish population groups, and 44 healthcare facilities.

In addition to the shortages among primary-care physicians, other healthcare occupations identified by the NCHWA as posing a general supply problem in the state are physician assistants, nurse practitioners, certified nurse midwives, registered nurses, dentists, dental hygienists, dental assistants, psychologists, and social workers.

---

<sup>1</sup> America's Health: United Health Foundation State Health Rankings 2002, 2002 © United Health Foundation



Louisiana has attempted to address the problems associated with health professional shortages over the years in many ways. State schools of medicine, nursing schools, and schools of allied health professions have been mandated to cooperate, in collaboration with the Louisiana Area Health Education Centers (AHECs), to improve and expand programs for health-professional shortage areas. Currently, hundreds of thousands of dollars in state funds have been allocated to secure federal monies for professional development initiatives, including loan repayment programs for medical professionals to practice in shortage areas in exchange for payment of professional education loans and medical placement services to assist medical professionals in finding a practice site.

- The Louisiana State Loan Repayment Program is designed to encourage primary-care physicians to serve in health-professional shortage areas. This program is funded with federal monies that match the state investment in recruitment and retention of healthcare providers to practice in health professional shortage areas.
- Med Job Louisiana is a non-profit recruitment and retention program designed to assist rural and underserved communities located in health-professional shortage areas in attracting qualified health professionals to improve residents' access to primary-care services. The project is a collaboration between the Louisiana Department of Health and Hospitals' Bureau of Primary Care and Rural Health, the Louisiana AHECs, the Louisiana Rural Health Access Program, and local communities.
- The National Health Service Corps is a federally funded scholar and loan repayment program managed by HRSA/ BHPR that is designed to bring quality primary-healthcare professionals to communities in need, as well as support communities in their efforts to build better systems of care.

Louisiana must continue to meet the healthcare needs of its residents by working to reduce the health professional shortages in the state. Ensuring appropriate and adequate primary-care services for Louisiana can only take place when there is a concerted effort among the residents of the state to secure state financing to support these services.



## B. LOUISIANA HEALTH CARE STATISTICS

<i>Percent of Population Enrolled in Medicaid in 2002 <sup>2</sup></i>	
Alabama	16.4%
Arkansas	19.4%
Louisiana	18.6%
Mississippi	22.7%
Texas	11.1%
United States	14.0%
<i>Percent of Population Not Covered by Health Insurance in 2002 <sup>2</sup></i>	
Alabama	13.0%
Arkansas	15.6%
Louisiana	18.6%
Mississippi	15.6%
Texas	24.1%
United States	14.7%
<i>Emergency Outpatient Visits to Community Hospitals in 2002 <sup>2</sup></i>	
Alabama	2,162,011
Arkansas	1,224,053
Louisiana	2,468,832
Mississippi	1,556,488
Texas	8,243,642
United States	106,951,738
<i>Percent of Population Enrolled in Medicare in 2002 <sup>2</sup></i>	
Alabama	15.8%
Arkansas	16.5%
Louisiana	13.7%
Mississippi	15.0%
Texas	10.8%
United States	13.7%
<i>Number of Health Maintenance Organizations (HMOs), Louisiana, 2003 <sup>2</sup></i>	7
<i>Percent of Population Enrolled in HMOs, Louisiana, 2002 <sup>2</sup></i>	12.2%
<i>Number of Nurses, Louisiana, February, 2003 <sup>3</sup></i>	38,230
<i>Number of Physician Assistants, Louisiana, February, 2003 <sup>4</sup></i>	236

<sup>2</sup> Morgan, K.O. Morgan, S. and Uhlig, M. (Eds.).2003. *Health Care State Rankings 2004: Health Care in the 50 United States* (12th Ed.)

<sup>3</sup> Louisiana State Board of Nursing

<sup>4</sup> Louisiana State Board of Medical Examiners



## C. LOUISIANA HEALTH CARE ACCESS

<b>Number of Hospitals and Beds Louisiana, 2003</b>		
<b>Type of Hospital</b>	<b>Hospitals</b>	<b>Beds</b>
Acute	112	19,573
Children's	2	246
Critical Access	9	251
Long Term	33	1,681
Psychiatric	19	2,240
Rehabilitation	28	662

Source: Health Standards Section, DHH

<b>Health Facilities Louisiana, 2003</b>	
<b>Type of Facility</b>	<b>Number</b>
Alcohol/Drug Abuse Facilities	166
Community Health Centers	35
State Developmental Centers	9
Hospitals	201
Mental Health Clinics	35
Rural Health Clinics	51
Parish Health Units	72

Source: Health Standards Section, DHH

<b>Licensed Nursing Home Statistics Louisiana, 2003</b>	
Number of Nursing Homes	300
<b>Number of Beds</b>	
Licensed Beds	39,036
Medicaid	35,629
Average Annual Occupancy (Medicaid)*	77.5%

\*From October, 2001 thru September, 2002

Source: Health Standards Section, DHH

<b>Lack of Access to Primary Care* Louisiana, Neighboring States, and United States, 2002</b>		
<b>State</b>	<b>Percent</b>	<b>Rank**</b>
Alabama	26.1	2
Arkansas	9.8	29
Louisiana	18.1	8
Mississippi	27.0	1
Texas	15.1	15
United States	11.3	-

\* Lack of Access to Primary Care measures the percent of population areas where the population is underserved by primary care practitioners residing in designated Health Manpower Shortage Areas.

\*\* Rank reflects worst (lowest) to best (highest).

Source: Morgan, K.O. and Morgan, S (Eds.). 2003. *Health Care State Rankings 2003: Health Care in the 50 United States*. (11th Ed.) Lawrence, KS: Morgan Quitno Press.



## D. MEDICAID

Medicaid, or Title XIX of the Social Security Act, became law in 1965 as a jointly funded cooperative venture between the federal and state governments. Its purpose was to assist states in the provision of adequate medical care to eligible individuals and families with low incomes and resources. Within broad, federally provided national guidelines, Louisiana has autonomy in establishing its own eligibility standards; determining the type, amount, duration, and scope of services; setting the rate of payment for services; and administering its own program.

As the largest provider of medical and health-related services to America's poorest people, Medicaid includes funding for these basic healthcare programs: inpatient and outpatient hospital services; laboratory and X-ray services; skilled nursing and home health services; physician's services; family planning; and periodic health checkups, diagnoses, and treatments for children.

Medicaid recipients fall into several categories of eligibility: the aged, blind and disabled people on Supplemental Security Income, certain low-income pregnant women and children, and people who have very high medical bills.

According to the Annual Report Data Set for state fiscal year 2002, 909,912 residents of Louisiana enrolled in Medicaid and 833,230 benefited from services provided through Medicaid funding. The following tables from the DHH Bureau of Health Financing (Medicaid) illustrate the use of Medicaid services in Louisiana.

<b>Medicaid Statistics, Louisiana</b> <b>State Fiscal Year 2002*</b>		
<b>Population</b>	<b>Total Number of Recipients</b>	<b>Total Payments</b>
Total	833,230	\$3,154,695,199.84
Blind/Disabled	153,301	\$823,188,522.20
Male	344,666	\$1,267,397,404.27
Female	490,188	\$1,902,621,717.78
Other /Unknown Gender	110	\$222,111.78
White	290,055	\$1,466,021,120.20
Black or African American	485,430	\$1,414,681,260.03
American Indian or Alaskan Native	1,207	\$1,431,518.15
Asian	2,009	\$2,704,636.53
Hispanic or Latino (no other race information)	3,627	\$4,416,321.71
Native Hawaiian or Other Pacific Islander	41,453	\$125,490,725.34
Hispanic or Latino and one or more races	52	\$75,598.46
More than one race (Hispanic or Latino not	46	\$34,805.11
Unknown Race	50,311	\$155,385,248.30

Source: Bureau of Health Financing (Medicaid), Annual Report Data Set for  
\*July 1, 2001-June 30, 2002



<b>Medicaid Statistics</b> <b>Louisiana, 2001-2002</b>		
<b>Age Group (Years)</b>	<b>Total Number of Recipients</b>	<b>Total Payments</b>
Under 1	76,813	\$233,964,713.03
1- 5	186,026	\$207,334,338.30
6 - 14	244,336	\$273,388,671.61
15 - 20	111,198	\$236,288,790.45
21 - 44	129,838	\$759,512,629.99
45 - 64	69,823	\$672,758,075.30
65 - 74	36,013	\$229,270,153.55
75 - 84	31,919	\$284,459,845.92
85+	20,598	\$257,717,981.69

Source: Bureau of Health Financing (Medicaid), Annual Report Data Set for SFY (June 1, 2001-July 31, 2002)

The following tables compare Louisiana's Medicaid statistics to those of its neighboring states and the United States as a whole.

<b>Medicaid Statistics</b> <b>Louisiana, Neighboring States, and United States, Fiscal Year 2002</b>			
<b>State</b>	<b>Medicaid enrollment</b>	<b>Medicaid expenditures</b>	<b>Medicaid expenditures per enrollee</b>
Alabama	735,706	\$3,093,271,000	\$4,204
Arkansas	526,877	\$2,237,818,000	\$4,247
Louisiana	833,918	\$4,885,972,000	\$5,859
Mississippi	650,800	\$2,877,014,000	\$4,421
Texas	2,412,854	\$13,523,486,000	\$5,605
United States	41,149,422	\$246,283,943,000	\$5,985

Source: Morgan, K.O. and Morgan, S (Editors) 2004. Health Care State Rankings 2004: Health Care in the 50 United States. (12th Ed.): Morgan Quitno Press, Lawrence, KS.

<b>Medicaid Statistics</b> <b>Louisiana, Neighboring States, and United States, Fiscal Year 1998- 2002</b>		
	<b>Percent change in Medicaid expenditures</b>	<b>Percent change in expenditures per Medicaid enrollee</b>
Alabama	30.1%	- 9.6%
Arkansas	49.9%	- 0.5%
Louisiana	49.3%	4.1%
Mississippi	66.9%	1.6%
Texas	30.6%	- 0.1%
United States	38.9%	5.1%

Source: Morgan, K.O. and Morgan, S (Editors) 2004. Health Care State Rankings 2004: Health Care in the 50 United States. (12th Ed.): Morgan Quitno Press, Lawrence, KS.



## E. MEDICARE

Medicare provides health insurance to people who are at least 65 years old, the disabled, and those with permanent kidney failure. People who receive Social Security or Railroad Retirement benefits are automatically enrolled when they become eligible for Medicare. Others must apply at their local Social Security offices.

Medicare has two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Medicare Part A helps pay for inpatient hospital services, skilled nursing facility services, home health services, and hospice care. Medicare Part B helps pay for physician services, outpatient hospital services, medical equipment and supplies, and other health services and supplies. Many Medicare beneficiaries choose to enroll in managed care plans like health maintenance organizations. These beneficiaries are eligible for both Part A and Part B benefits in most managed care plans. A total of 611,863 Louisiana residents were enrolled in the Medicare program in 2002.<sup>2</sup>

<b>Medicare Statistics</b> <b>Louisiana, Neighboring States, and United States, Fiscal Year 2002-2003</b>			
<b>State</b>	<b>Medicare enrollment 2002</b>	<b>Percent of population enrolled 2002</b>	<b>Percent of Medicare enrollees in Managed Care Programs 2003</b>
Alabama	705,555	15.8%	5%
Arkansas	446,152	16.5%	0%
Louisiana	611,863	13.7%	11%
Mississippi	429,046	15.0%	0%
Texas	2,338,394	10.8%	7%
United States	40,488,878	13.7%	13%

Source: Morgan, K.O. and Morgan, S (Editors) 2004. Health Care State Rankings 2004: Health Care in the 50 United States. (12th Ed.): Morgan Quitno Press, Lawrence, KS.

<b>Medicare Statistics</b> <b>Louisiana, Neighboring States, and United States, Fiscal Year 2001</b>			
<b>State</b>	<b>Medicare payments</b>	<b>Medicare benefit payments per capita</b>	<b>Medicare payments per enrollee</b>
Alabama	\$4,270,957,000	\$956	\$6,144
Arkansas	\$2,420,406,000	\$898	\$5,478
Louisiana	\$4,902,926,000	\$1,097	\$8,099
Mississippi	\$2,140,391,000	\$748	\$5,055
Texas	\$16,336,061,000	\$764	\$7,104
United States	\$236,492,552,000	\$823	\$6,033

Source: Morgan, K.O. and Morgan, S (Editors) 2004. Health Care State Rankings 2004: Health Care in the 50 United States. (12th Ed.): Morgan Quitno Press, Lawrence, KS.

<sup>2</sup> Source: Morgan, K.O. and Morgan, S (Editors.) 2004. Health Care State Rankings 2004: Health Care in the 50 United States. (12th Ed.) Lawrence, KS: Morgan Quitno Press.





## F. PROVIDER SITES

The following pages describe the various healthcare facilities available to the public throughout the State of Louisiana. These facilities include the state charity hospital system, small rural and community hospitals, parish health units, rural health clinics, Federally Qualified Health Centers (FQHCs), developmental centers, mental health clinics, mental health and rehabilitation hospitals, and substance abuse prevention clinics. Other programs such as school-based health centers, community care, and health maintenance organizations (HMOs) also are discussed.

### State Charity Hospitals

The Louisiana charity hospital system is currently being operated by the LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER (LSUHSC). The first Charity Hospital in New Orleans was built in 1736. The system was expanded across the state during the administration of Governor Huey Long. Two new medical centers were added in 1978 and 1993, and two were rebuilt in the late 1970s.

Most of the charity hospitals are teaching hospitals used to train medical school, graduate, and postgraduate students from LSUHSC's Schools of Medicine and Nursing, as well as other professional educational institutions.

### Small Rural and Community Hospitals

Louisiana has a number of very small rural and community hospitals, some publicly and some privately owned. Eight of the state's 64 parishes (8 percent) do not have a hospital. As part of the move toward managed care, some of the small rural hospitals and the charity hospitals have begun to formalize their long-standing links with the primary care clinics in their regions.

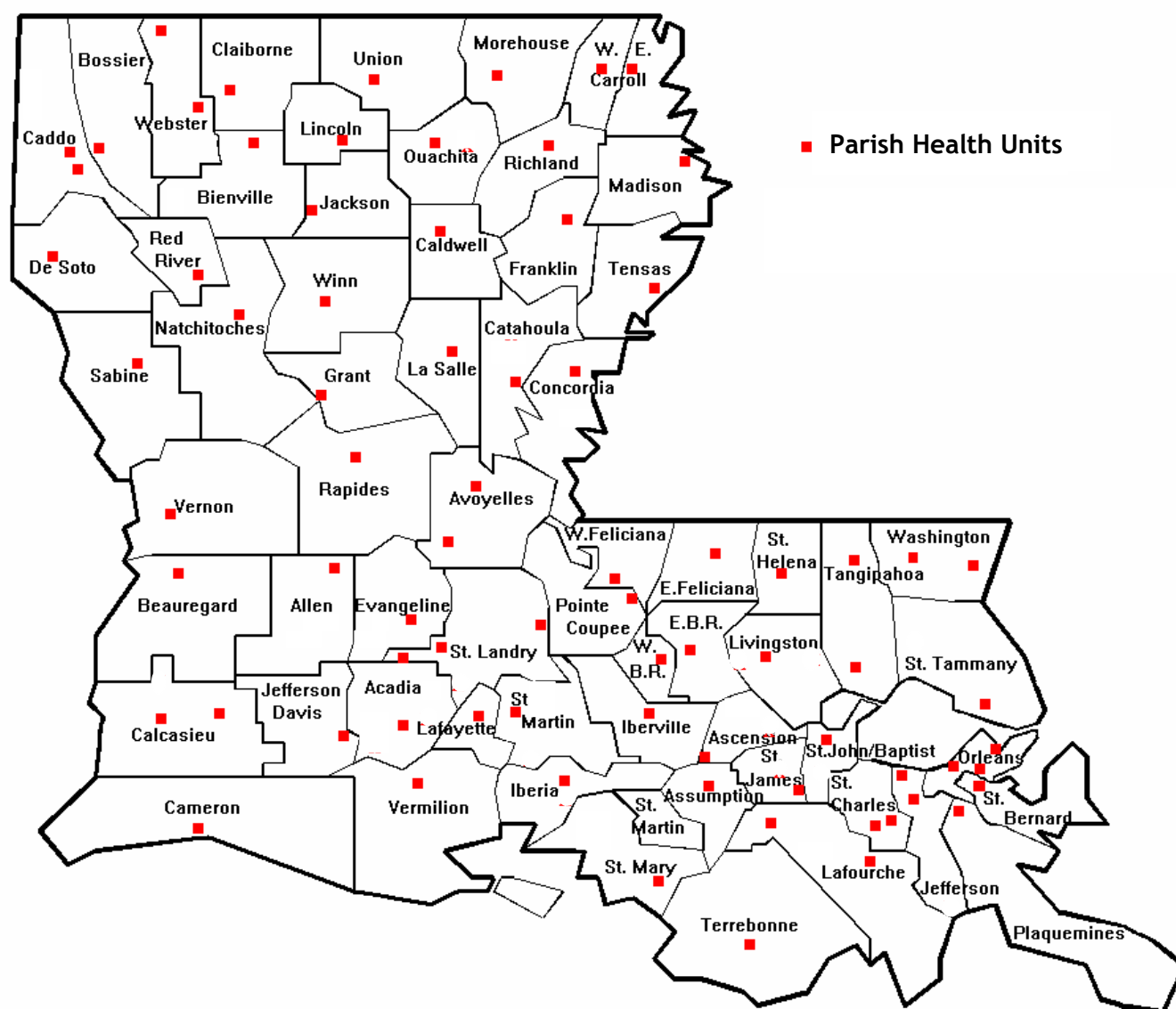
In its Rural Health Care Initiative, the state has appropriated money to support small rural hospitals suffering financial distress. This support has taken the form of grants provided to 34 small rural hospitals (less than 60 beds) for a variety of projects. For example, last year, the state awarded grants to a number of these hospitals for the purchase of updated emergency room equipment and physician coverage for the emergency room. Without such support, some of these hospitals would have had to close their emergency rooms.





## Parish Health Units

Louisiana has 77 parish health units (PHUs). DHH-OPH currently operates parish health units (see map below) that provide services in the following areas: immunization, family planning, prenatal care, newborn screening for genetic disorders, well-baby care, nutrition therapy, individual nutrition education and counseling, genetic evaluation and counseling, early intervention services for individuals infected with HIV, health education, testing and monitoring of infectious diseases (e.g., tuberculosis, sexually transmitted diseases/HIV/AIDS), environmental health services, and vital records services.

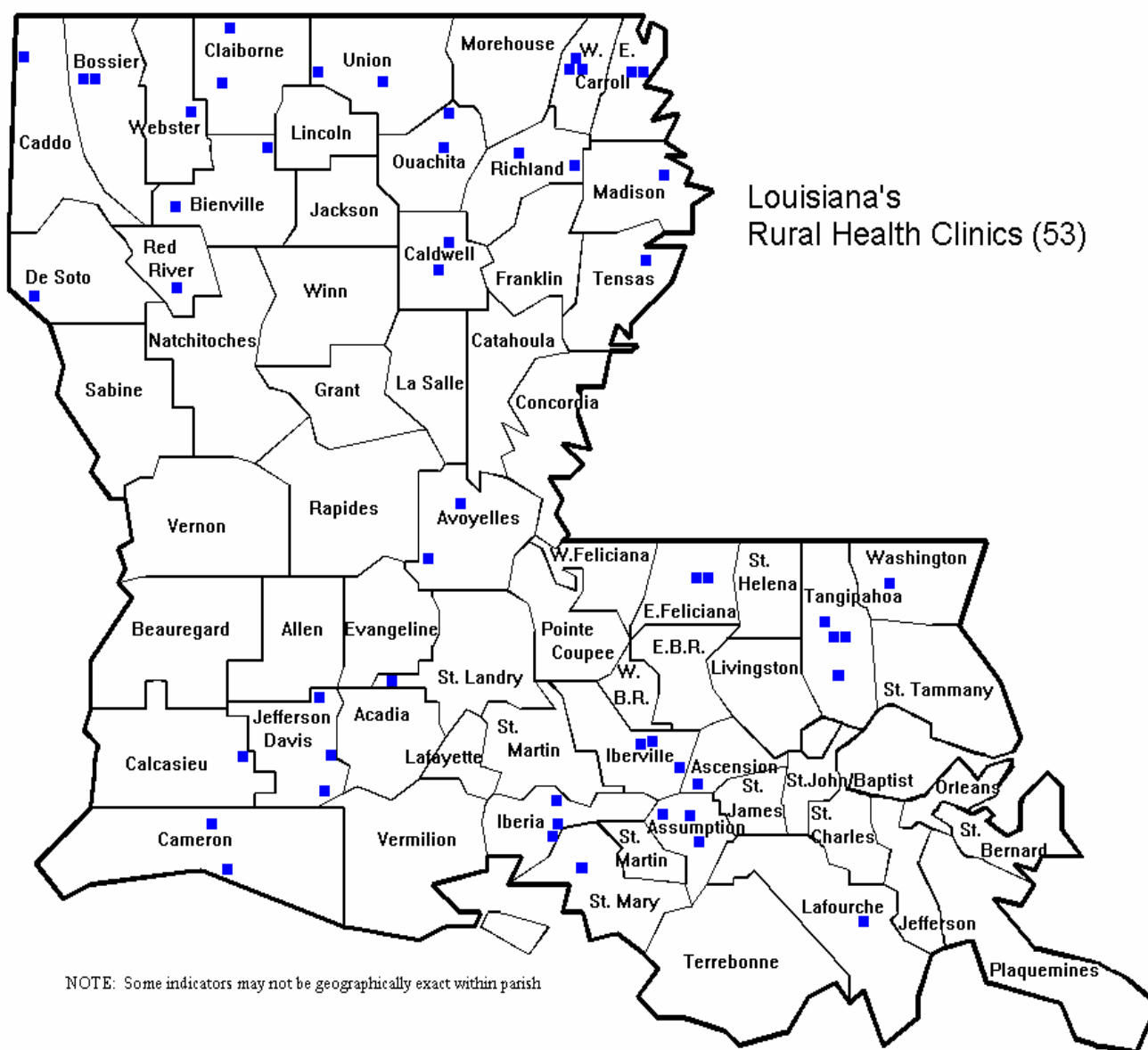


Source: Louisiana Department of Health and Hospitals, Office of Public Health, Center for Community Health



## Rural Health Clinics

Louisiana has 53 Rural Health Clinics (RHCS). These facilities are located in non-urbanized areas, as defined by the 2000 Census, and in Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs). The facility must be staffed by, at least, one physician and, at least, one mid-level practitioner, such as a physician assistant, a nurse practitioner, or a certified nurse midwife at least 50% of the time the clinic is open. RHCs provide routine diagnostic services, maintain medical supplies, dispense drugs, and have arrangements with local hospitals and other providers for services not available at the clinic.





## Small Rural Hospitals

Louisiana has 44 Small Rural Hospitals. A Small Rural Hospital is defined as a hospital, other than a long-term care hospital, rehabilitation hospital, or free-standing psychiatric hospital, but including distinct-part psychiatric units, meeting the following criteria:

- Has no more than 60 beds as of July 1, 1994; and 1) is located in a parish with a population of less than 50,000; or 2) is located in a municipality with a population of less than 20,000; **OR**
- Meets the qualifications of a sole community hospital under 42 CFR §412.92(a); **OR**
- Effective October 1, 1999, has no more than 60 hospital beds as of July 1, 1999, and is located in a parish with a population of less than 17,000 as measured by the 1990 census; **OR**
- Effective October 1, 1999, has no more than 60 hospital beds as of July 1, 1997 and is a publicly owned and operated hospital; and 1) is located in a parish with a population of less than 50,000; or 2) is located in a municipality with a population of less than 20,000; **OR**
- Effective August 8, 2001, has no more than 60 hospital beds as of June 30, 2000 and is located in a municipality with a population of less than 20,000 as measured by the 1990 census; **OR**
- Effective August 8, 2001, has no more than 60 hospital beds as of July 1, 1997 and is located in a parish with a population of less than 50,000 as measured by the 1990 and 2000 censuses; **OR**
- Effective August 8, 2001, was a facility licensed by DHH that had no more than 60 hospital beds as of July 1, 1994, which hospital facility has been in continuous operation since July 1, 1994, is currently operating under a license issued by DHH, and is located in a parish with a population of less than 50,000 as measured by the 1990 census; **OR**
- Has no more than 60 hospital beds or has notified DHH as of March 7, 2002 of its intent to reduce its number of hospital beds to no more than 60, and is located in a municipality with a population of less than 13,000 and in a parish with a population of less than 32,000 as measured by the 2000 census.





## **Federally Qualified Health Centers (FQHCs)**

Louisiana has 18 grantees for community health centers delivering services to 34 sites supported through a federal grant program funded under Section 330 of the United States Public Health Service Act. FQHCs (also known as Community Health Centers) are health clinics that provide primary and preventive healthcare services in medically underserved areas throughout the United States and its territories. FQHC staff may include primary care physicians (pediatricians, general practitioners, family practitioners, obstetricians, gynecologists, and general internists), advanced nurse practitioners, physician assistants, dentists, social workers, counselors, psychologists, other mental-health and substance abuse professionals, and support staff. Services most commonly provided include primary and preventive healthcare, outreach, dental care, mental health services, laboratory tests, pharmacy services, health education, transportation, translation, and prenatal services.

## **CommunityCARE**

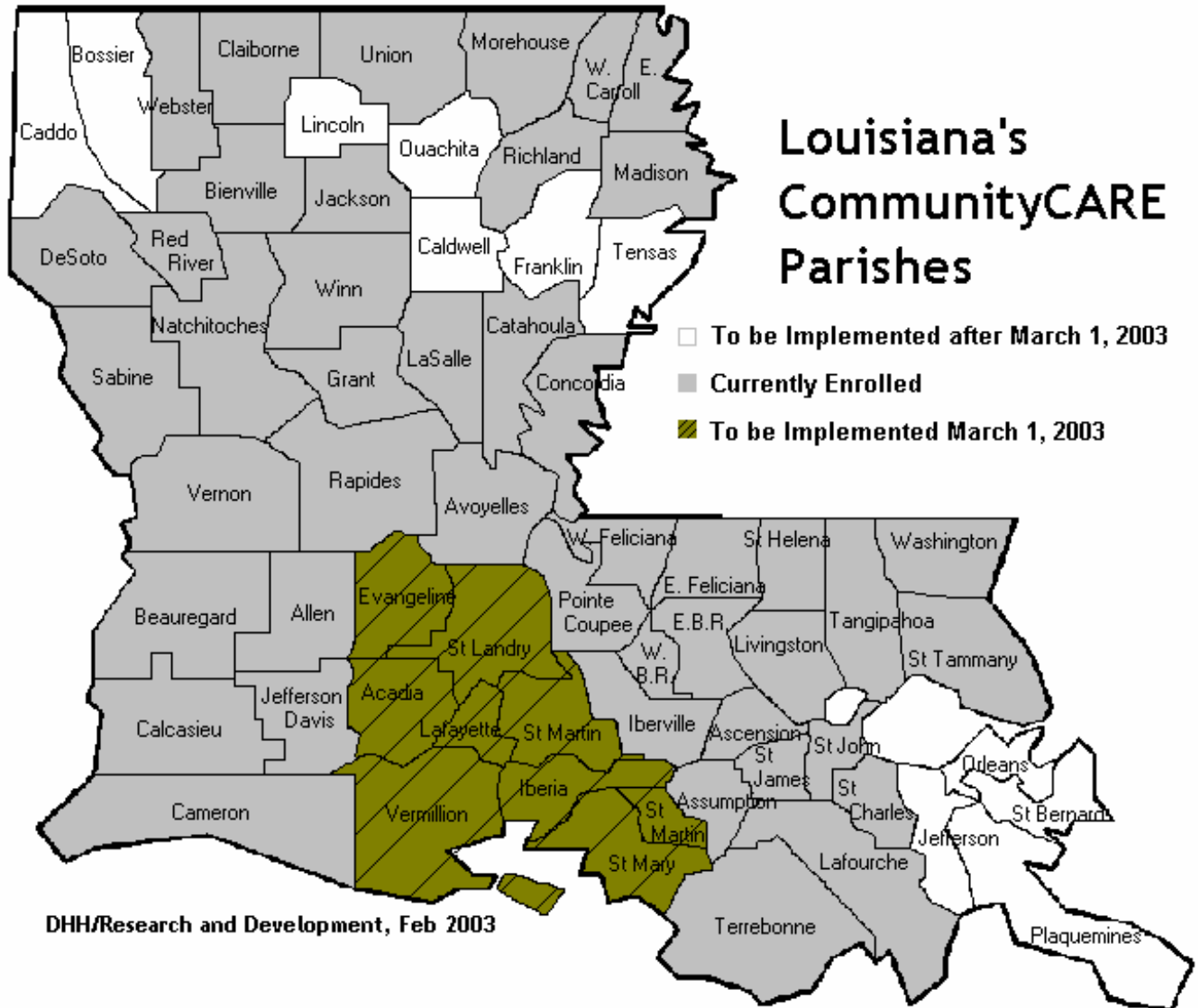
CommunityCARE is a system of comprehensive healthcare based on primary care case management (PCCM). DHH embarked on a statewide expansion of CommunityCARE in August 2001, which was to be fully implemented by December 2003. CommunityCARE is now available in 46 rural parishes throughout the state (see map on following page) under a Medicaid 1915 (b) waiver from the federal government. The program is designed to assure Medicaid recipients a “medical home” where they can obtain primary care, preventive care and all other healthcare coordinated in a comprehensive manner. It is also a freedom-of-choice waiver program that must demonstrate cost effectiveness. CommunityCARE links Medicaid recipients in designated parishes with a physician, clinic, FQHC, or RHC that serves as the primary care provider (PCP).

The PCP may be a family practice physician, internist, pediatrician, general practitioner, Obstetrician/Gynecologist, RHC, or FQHC. The PCP has total responsibility for managing all facets of the recipient’s health care, including education, prevention, maintenance, and acute care. Referral for specialty services is an integral component of CommunityCARE.

As of February 2002, the program was operational in 46 parishes in Louisiana, with a total of 315,215 Medicaid recipients enrolled. There are 632 enrolled providers employing a total of 1,117 physicians. PCPs are paid a primary-care management fee of \$3.00 each month for each CommunityCARE enrollee for whom they manage care. Reimbursement is fee-for-service but is at an enhanced rate from that paid to other physicians. As a result of advisory groups with physicians and hospitals, numerous changes have been made in the program to reduce unnecessary paperwork, streamline processes, and ease the administrative burden on PCPs and other providers. The improved coordination of care is expected to



reduce inappropriate utilization of services, especially emergency room services, as well as improve health outcomes.



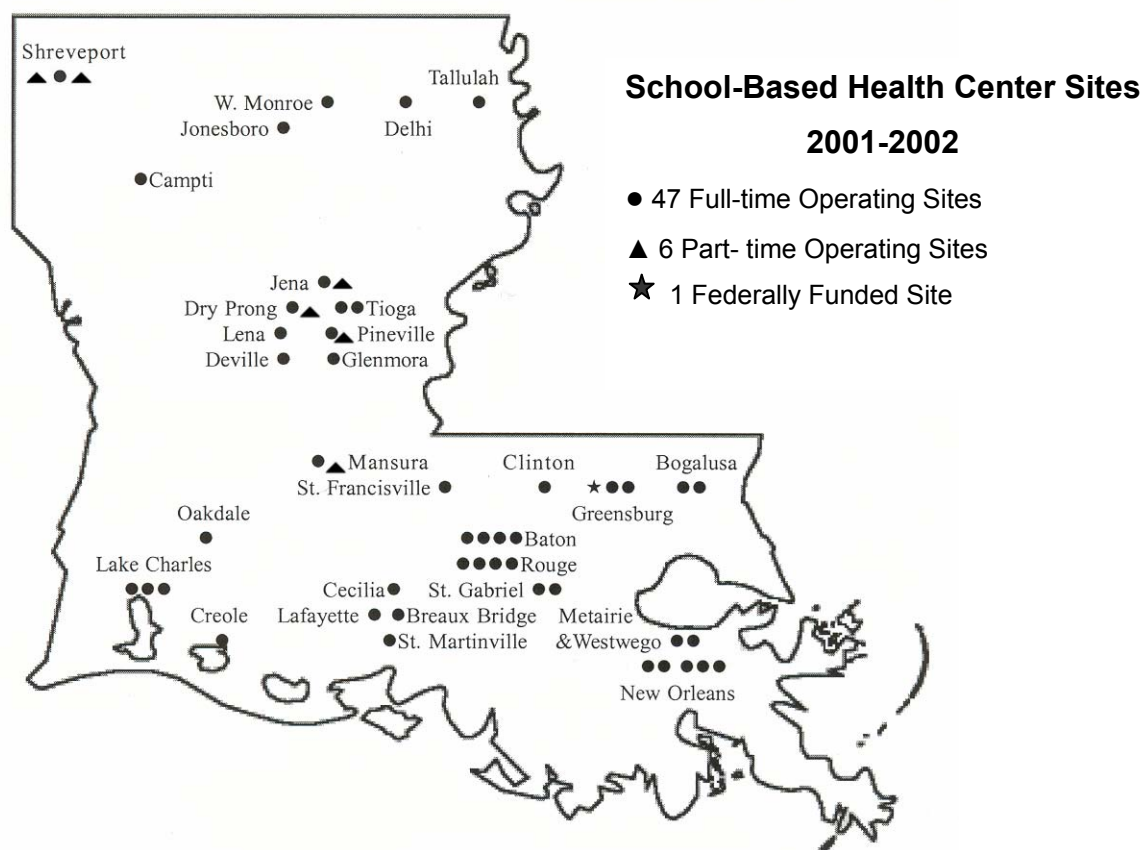




## School-Based Health Centers

In response to the Adolescent School Health Initiative Act passed by the Louisiana State Legislature in 1991, DHH-OPH funds and provides technical assistance to localities for the establishment and operation of full service health centers in elementary, middle, and secondary schools (see map below). Currently, there are 53 state-funded sites and one federally funded site. These school-based health centers are sponsored and operated at the local level by a health or education agency under contract with the OPH. The state reimburses to each of these centers a portion of their costs.

The centers primarily serve low-income adolescents in rural and medically underserved urban areas. They offer primary and preventive physical and mental healthcare, including health education, and counseling services. They are staffed by physicians, nurse practitioners, registered nurses, and master-level mental-health counselors and have been immensely popular with the high-risk adolescent population.



Source: Louisiana Department of Health and Hospitals, Office of Public Health, Adolescent School Health Initiative



## Developmental Centers

There are nine state-operated developmental centers which provide Intermediate Care Facilities for People with Mental Retardation (ICF/MR) residential services, in large and small facilities, and in group homes with resources for active treatment. These centers also provide other services such as extended family living, supported living services, and day programming such as vocational/habilitation services.

The developmental centers began operating Resource Centers and Assertive Community Teams (ACT) in state fiscal year 2003. The Resource Centers promote increased capacity for serving persons with developmental disabilities among community-based providers. ACTs provide intensive treatment intervention designed to assist persons with developmental disabilities to remain in community living settings of their choice.





## Mental Health Clinics

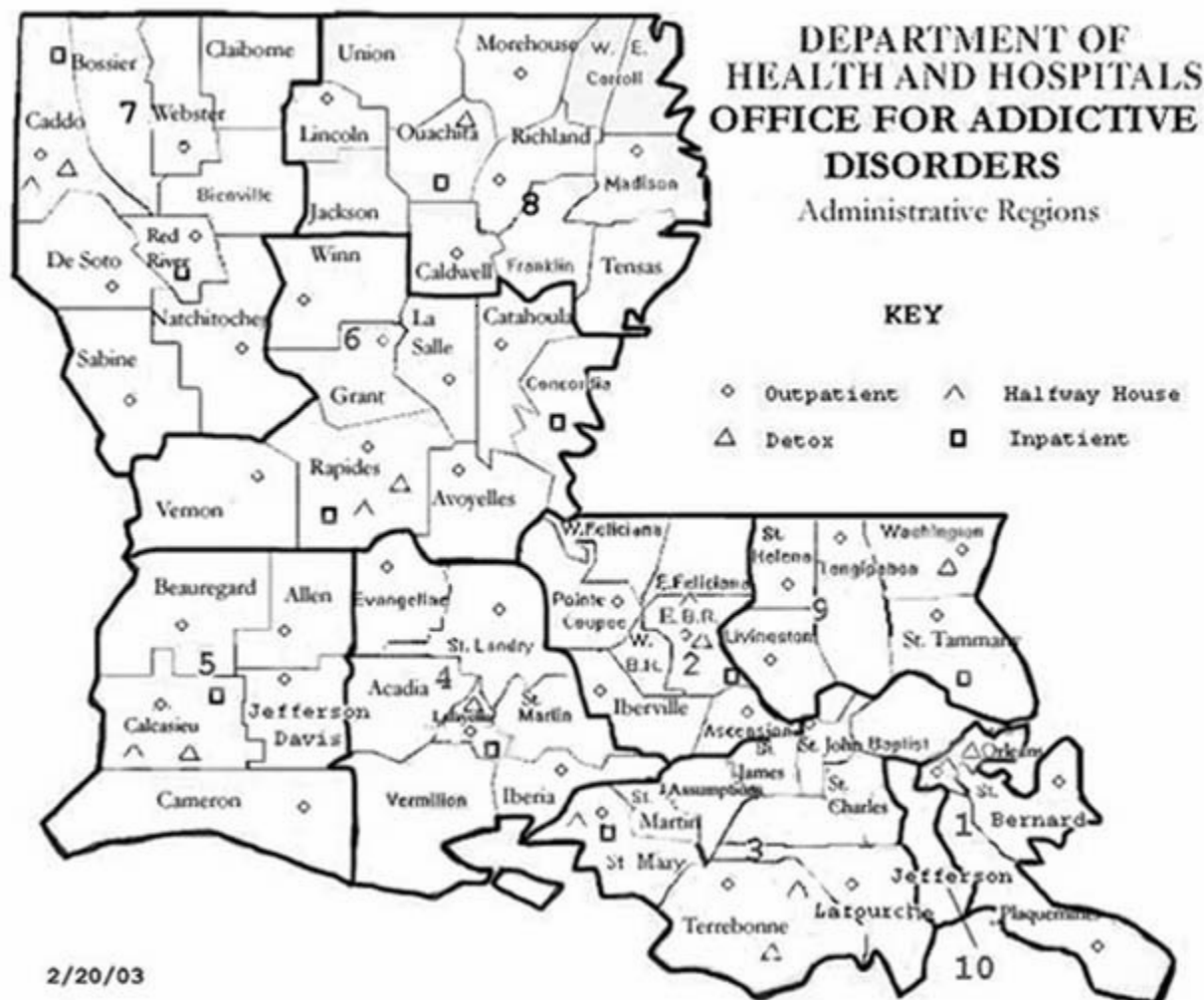
THE DHH Office of Mental Health (OMH), either directly or through partnerships with private and university resources, provides an array of community-based and hospital-based services, the range of which is consistent with national models for public mental-health care for individuals with serious mental illnesses. Statewide, there are currently 43 community mental-health centers, 33 outreach sites, seven acute treatment units, four intermediate/long-term care hospitals, and one forensic hospital (see map below). Major service components include crisis response programs, assertive community treatment, family or consumer respite care, traditional clinic-based services, community forensic interventions, hospital-based inpatient intensive and intermediate units, case management, and rehabilitative services.





## Substance Abuse Prevention Clinics

The DHH Office for Addictive Disorders (OAD) offers a continuum of care for prevention, diagnosis, treatment, rehabilitation, and follow-up care for alcohol and drug abuse, through contracts and state-operated facilities. This system is composed of nine treatment delivery regions, with DHH-OAD Region 2 as an independent district. OAD has 12 inpatient clinics (10 adult and two adolescent), 11 detoxification clinics, 16 halfway houses, and three residential facilities. The Prevention Delivery System offers 48 prevention programs.



2/20/03

Source: Louisiana Department of Health and Hospitals, Office for Addictive Disorders



## Existing Health Maintenance Organizations

Louisiana currently has 10 licensed health maintenance organizations (HMOs) operating in the state. Under state insurance law, an HMO is defined as any plan delivering basic health benefits for a prepaid fee. Most of the state's HMOs are composed of independent physicians practicing alone or in small medical groups. As of the year 2002, approximately 626,780 Louisiana residents (14.0 percent of the population) were enrolled in HMOs.<sup>6</sup> In addition to HMOs, the LOUISIANA MANAGED HEALTH CARE ASSOCIATION lists as members preferred provider organizations (PPOs) and several physician hospital networks (PHOs) operating in the state.

## G. INVENTORY OF PRIMARY CARE/ MENTAL HEALTH PROVIDERS

<i>Number of Selected Health Professionals by Parish</i> <i>Louisiana, 2003</i>									
<i>Location</i>	<i>Primary Care Physicians (PCPs)</i>							<i>Mental Health Provider</i>	
<i>Parish</i>	<i>Family Practice</i>	<i>General Practice</i>	<i>Infectious Disease</i>	<i>Internal Medicine</i>	<i>Obstetrics &amp; Gynecology</i>	<i>Pediatrics</i>	<i>Total PCP</i>	<i>Psychiatrists</i>	<i>Social Workers</i>
Acadia	15	3		5	3	5	31	1	8
Allen	5	1		1		3	10		4
Ascension	9	7		11		4	31	1	22
Assumption	4	1					5		2
Avoyelles	9	5		3			17		10
Beauregard	7			3	3	2	15		6
Bienville							0		3
Bossier	17	2		29	10	9	67	2	31
Caddo	68	7	2	217	54	77	423	40	164
Calcasieu	56	8		57	27	23	171	14	92
Caldwell	4			2		1	7		2
Cameron	1			2			3		0
Catahoula	3	1					4		1
Claiborne	5			1		1	7		3
Concordia	4	1		1	2		8		5
DeSoto	1	3		1	2	1	8	1	4
East Baton Rouge	102	35	1	204	78	101	520	42	577
East Carroll	2			1			3		0
East Feliciana	6	5		1	1		13	2	14
Evangeline	7	5		10	4	2	28		1
Franklin	3			1			4		3
Grant	3				1		4		4
Iberia	17	10		13	8	12	60	2	18
Iberville	7	2		6	2	3	20		14
Jackson	1			3		1	5		3
Jefferson	60	29	4	317	90	125	621	61	376

<sup>6</sup> Morgan, K.O. and Morgan, S. (Eds.) 2003. *Health Care State Rankings 2003: Health Care in the 50 United States*. (11th Ed.) Lawrence, KS: Morgan Quitno Press.



Number of Selected Health Professionals by Parish Louisiana, 2003									
Location	Primary Care Physicians (PCPs)							Mental Health Provider	
Parish	Family Practice	General Practice	Infectious Disease	Internal Medicine	Obstetrics & Gynecology	Pediatrics	Total PCP	Psychiatrists	Social Workers
Jefferson Davis	3	5		7	2	2	19	1	7
Lafayette	48	15		103	42	42	250	20	181
Lafourche	21	6		21	11	8	67	2	23
LaSalle	2	2		3			7		1
Lincoln	6	2		13	3	3	27	1	15
Livingston	7	1		2		1	11		25
Madison		2		1		1	4		2
Morehouse	7	3		5	3	2	20		3
Natchitoches	5	4		7	3	8	27	2	15
Orleans	64	27	3	428	109	201	829	158	798
Ouachita	44	12		74	19	32	181	17	96
Plaquemines	3	2		2			7	2	4
Pointe Coupee	9	3		1	1		14		8
Rapides	36	5		66	19	27	153	20	111
Red River	2	1		1			4		3
Richland	7	1		2	2		12		5
Sabine	2	2		5		1	10		3
St. Bernard	1	1		16	1	3	22	1	15
St. Charles	4	1		4		5	14	2	14
St. Helena	2	1					3		1
St. James	5	1		3	1	2	12	1	6
St. John	7	1		7	4	2	21		12
St. Landry	25	8		18	11	13	75	2	26
St. Martin	5	1		1			7		4
St. Mary	12	2		7	6	3	30		7
St. Tammany	38	9	1	122	38	51	258	34	214
Tangipahoa	19	6		26	8	11	70	3	59
Tensas		2					2		0
Terrebonne	10	7		31	17	16	81	6	39
Union	2	2		4			8		11
Vermilion	4	3		5	1	4	17	2	14
Vernon	3	2		7	2	3	17	1	5
Washington	7	6		9	2	1	25	1	11
Webster	12	4		5	4	2	27		9
West Baton Rouge	5						5		4
West Carroll	1	1		2		1	5		2
West Feliciana	3			2		1	6		11
Winn	2	2		2		1	7		2
Total	849	278	11	1901	594	817	4439	442	3133

Source: Louisiana Board of Medical Examiners, January 2003

Louisiana Board of Certified Social Work Examiners, 2000



## H. HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAs)

Health Professional Shortage Area (HPSA) designations identify geographic areas, population groups, or facilities where a lack of primary-care providers poses serious barriers to adequate healthcare. The equitable geographic distribution of healthcare resources has long been recognized as a problem in the United States, particularly Louisiana. Adequate access to healthcare services for all residents is an important objective of current state and federal policy. Availability of an adequate supply and distribution of health professionals is essential to the ability to access basic healthcare services, regardless of ability to pay. The redistribution of the supply of health professionals, particularly primary-care providers, through the designation of HPSAs, is one method used to attain this goal.

HPSA designations are used to create incentives to improve the distribution and the number of primary care providers in the most critical shortage areas. The designation methodology was developed to determine exactly where shortages exist in order to define those areas eligible for participation in the incentive programs.

Designation requests and reviews are the responsibility of the DHH BUREAU OF PRIMARY CARE AND RURAL HEALTH. After analysis and review, the designation requests and recommendations are forwarded to the Shortage Designation Branch in HRSA/ BHPR/ NCHWA, which is a part of the U.S. Department of Health and Human Services. The entire designation process can take up to six to eight months for completion.

There are approximately 34 federal programs utilizing HPSA designations. The following are examples:

- National Health Service Corps
- Medicare Incentive Payments
- J-1 Visa Waiver Program
- Rural Health Programs

